COMMON APPLICATION FORM For Resident Indians and NRIs/FIIs/FPIs



LEASE READ THE INSTRUCTIONS Distributor Name / ARN No.		ub Broker Name / AF			Sub Broker				Jnique				_	pplica	ition N	0.	
N is mandatory for "Execution Only" trai	sactions. R	Ref. Instruction No. 9															
hereby confirm that the EUIN box has bee ppropriateness, if any, provided by the emp					hout any interac	tion or advice by the	employee/relat	tionship	manager/s	sales per	son of the	above di	stributo	/sub bro	ker or not	withstanding the a	advice o
First Applicant / Aut	norised Si	ignatory			Second	Applicant						Т	hird A	oplicar	nt		
RANSACTION CHARGES							•				•	,,					
case the subscription (lumpsum) e mutual fund investor) will be de	ducted fro	om the subscription am	ount and pa	aid to the d	distributor. U	nits will be issue	d against th	e balai	nce amo	ount inv	ested.						
KISTING UNITHOLDER plea	se fill i	n your Folio No., Na	ame & Em	ail ID a	nd then pr	oceed to Sect	ion 5 (App	olicabl	e detai	ls and	Mode	of hold	ing w	ill be a	as per 1	he existing F	olio I
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Below 1 Lac	THIRD APPLICANT	☐ Student		☐ Fore	ex Dealer	Others	3					(please sp	pecify)			
Net worth (Mandatory for Non - Individuals Rs	GROSS ANNUAL INCOM	E [Please tick (✓)]															
Net worth (Mandatory for Non - Individuals Rs		☐ Below 1 Lac	: 🗌 1-5 L	acs 🗌	5-10 Lacs	10-25 Lacs	> 2	5 Lacs - 1 Cr	ore 🗌 :	> 1 Crore							
THIRD APPLICANT Below 1 Lac	FIRST APPLICANT	Net worth (Man	datory for N	or Non - Individuals Rs as on DDMMMYYYYY [Not older than 1 ye											year]		
For Individuals I am Politically Exposed Person Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes No (If No, please attach mandatory UBO Declaration)	SECOND APPLICANT	☐ Below 1 Lac	: 🗌 1-5 L	.acs													
I am Politically Exposed Person Is the company a Listed Company or Subsidiary of Listed Company or Controlled by a Listed Company: Yes No Not Applicable Foreign Exchange / Money Charger Services Yes No Money Lending / Pawning Yes No Money Lending / Pawning Payment Details S. Scheme Name Plan / Option Net Amount Paid (₹) Payment Details Cheque/DD No./UTR No. (in case of NEFT/RTGS) Bank and Branch	THIRD APPLICANT	☐ Below 1 Lac	: 🗌 1-5 L	acs 🗌	5-10 Lacs 🗌	10-25 Lacs		5 Lacs - 1 Cr	ore 🗌	> 1 Crore OR	Net Worth	l					
I am Related to Politically Exposed Person Foreign Exchange / Money Charger Services Yes No	For Individuals			For Non	ı-Individual Inv	estors (Com	panies	, Trust, Part	nership e	etc.)							
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S. Scheme Name Plan / Option Net Amount Paid (₹) Cheque DD No, UTR No. (in case of NEFT/RTGS) Bank and Branch		☐ Not Applicable			Gaming / Gambling / Lottery / Casino Services												
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5.	DEMAT ACCOUNT DETAILS (OPT	IONAL) (Please ensure that the s	equence of names as men	tioned in the application form matches v	with that of t	he A/c. held with	the deposit	ory parti	cipant.)	Refer Ins	truction	No. 3(B)
	NSDL: Depository Participant N	lame:		DPID No.: I N		Beneficiar	y A/c No.					
	CDSL: Depository Participant N	lame:		Beneficiary A/c No.								
L	Enclosed: ☐ Client Master ☐	Transaction/ Statement Co	ppy/ DIS Copy									
6.	NOMINATION DETAILS (Mandato	ry) (Refer Instruction No. 7)										
[☐ I/We wish to nominate ☐ I/V	Ve DO NOT wish to nominate ar	ıd sign here			1st Applicant	t Signature	(Manda	itory)			
[Nominee Name and Address	:	Guardian Name (in case of Min	or)	Allocation %	ı	Nomine	e/ Guaro	dian Sig	nature	
	Nominee 1											
-	Nominee 2											
	Nominee 3											
L	To register multiple nominee pleas	se fill separate Multiple nomin	ation Form.									
7.	FATCA & CRS INFORMATION [Ple	ase tick (✓)] For Individuals	& HUF (Mandatory) No	on Individual investors should m	andatorily	fill seperate	FATCA de	tail for	m			
	Is the applicant(s)/ guardian's Co	puntry of Birth / Citizenship /	Nationality / Tax Resid	ered Office (for address mentioned ency other than India? Yes ociated Tax Reference Numbers b		xisting addres No	s appearir	ng in Fo	lio)			
	Category	First Applicant (inc	cluding Minor)	Second Applicant/ Go	uardian			Third	d Appli	cant		
	Name of Applicant											
	Place/ City of Birth											
	Country of Birth											
	Country of Tax Residency#											
	Tax Payer Ref. ID No^											
	Identification Type [TIN or other, please specify]										
	Country of Tax Residency 2											
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	Identification Type [TIN or other, please specify]										
	Country of Tax Residency 3											
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	[TIN or other, please specify	1		104 Alexandra 17			61. 11. 2		1. 9			
8.	#To also include USA, where DECLARATION(S) & SIGNATURE(S		green card holder of l	JSA. ^In case Tax Identificatio	n Number	ıs not availal	ole, kindly	y provi	ue its f	unction	iai equ	uvalent
	To,						Date	D D	M	M Y	YY	Υ
	The Trustee, Birla Sun Life Mutual Fund Having read and understood the conten rules and regulations governing the sch any Act. Rules, Regulations, Notification	eme. I/We hereby declare that the	e amount invested in the sc	heme is through legitimate sources onl	y and does n	not involve and is	not design	ed for th	e purpos	e of the o	contrave	ention of
	time to time. I/We have understood the c For Non-Individual Investors: I/We here Mutual fund and the application is being may arise so, hereby agree to indemnify	letails of the scheme & I/we have by confirm that the object claus made within the limits for the sa BSLAMC / BSLMF in case of any	not received nor have been e of the constitution docun me. I/We are complying wi dispute regarding the eligit	induced by any rebate or gifts, directly nent of the entity (viz. MOA / AOA / Tru th all requirements / conditions of the e vility, validity and authorization of the en	or indirectly st Deed, etc ntity while a tity and/or th	in making this in .), allows us to a pplying for the ir he applicants wh	ivestment. apply for inv avestments ao have appl	estment and I/W ied on b	t in this s e, includ ehalf of t	scheme of the entity	of Birla ntity, if	Sun Life the case
	For NRIs only: I/We confirm that I am/w. /Non-Resident Ordinary /FCNR account. I/We confirm that details provided by me **I have voluntarily subscribed to the on of having read, understood and agree to I further undertake to discharge the oblig. The ARN holder has disclosed to me/us	. (Refer Inst. No. 6) e/us are true and correct. -line access for transacting throu abide the terms and conditions for gations cast on me and shall not a	gh the internet facility prov or availing of the internet fa t any time deny or repudiat	ided by Birla Sun Life Asset Manageme cility more particularly mentioned on th e the on-line transactions effected by m	nt Company e website w e and I shall	Ltd. (Investmen ww.birlasunlife. be solely liable f	t Manager o com and he or all the co	of Birla So reby und sts and d	un Life N dertake t consequ	lutual Fu to be bou ences th	nd) and nd by th ereof.	confirm ne same.
	FATCA & CRS Declaration: I/ We have u correct, and complete. I/ We also confirm	s. nderstood the information requir	ements of this Form (read	along with FATCA & CRS Instructions) a	and hereby o	confirm that the					-	
	Signature of First Applicant /	Authorised Signatory	Sig	nature of Second Applicant			Signature	e of Third	Applicant	t		